



1996

COUNSELOR REPORT

Guardianship

Fill out this form for each guardianship investigation
or guardianship mediation completed during study period

1. Date of session: ____/____/____

Counselor ID # _____

2. What background do you have on this case? *(Please check all that apply)*

- ☐ I have met with them before
- ☐ Have case file/intake sheet
- ☐ Have legal file
- ☐ Have moving papers
- ☐ Have records check

- ☐ Have computer file
- ☐ Nothing
- ☐ Other *(Please describe)*

3. What brought this family to Family Court Services? *(Please check all that apply)*

- ☐ Guardianship petition
- ☐ Guardianship termination
- ☐ Guardianship review
- ☐ Court sent for mediation
- ☐ Court sent for investigation only

4. Why is a guardianship being sought? What precipitated this action?

5. Is this a contested guardianship?

☐ No

☐ Yes

→ A. Who is contesting guardianship?

- ☐ Mother
- ☐ Father
- ☐ Other proposed guardian
- ☐ Other *(Please describe)*

B. Why is guardianship being contested?



6. Are the parties in this case currently represented by attorneys?

Guardian(s) represented?	Mother represented?	Father represented?	Child(ren) represented?
₁ <input type="checkbox"/> Yes	₁ <input type="checkbox"/> Yes	₁ <input type="checkbox"/> Yes	₁ <input type="checkbox"/> Yes
₂ <input type="checkbox"/> No	₂ <input type="checkbox"/> No	₂ <input type="checkbox"/> No	₂ <input type="checkbox"/> No
₃ <input type="checkbox"/> Don't know	₃ <input type="checkbox"/> Don't know	₃ <input type="checkbox"/> Don't know	₃ <input type="checkbox"/> Don't know

7. What is the relationship between the prospective guardian(s) and the child(ren)?

₁ ☐ Not related at all
₂ ☐ Grandparent(s)
₃ ☐ Other relative(s) (*Please describe*)

8. Are the proposed guardian(s) and at least one of the child(ren)'s parents living in the same household?

₁ ☐ Yes
₀ ☐ No

9. How many children are at issue? _____ Please answer the following questions for each of the children who are at issue.

	Oldest child	Second child	Third child	Fourth child
A. Birthdate:→	____/____/____ Mo Day Year	____/____/____ Mo Day Year	____/____/____ Mo Day Year	____/____/____ Mo Day Year
B. Sex:→	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female	₂ <input type="checkbox"/> Male ₁ <input type="checkbox"/> Female

10. What allegations have been made ? (*Please check all that apply.*)

Who is alleged to have done this?

<u>Allegations/Concerns:</u>	Father	Mother	Proposed guardian(s)	Someone associated with father	Someone associated with mother	Someone associated with guardian(s)
Child neglect	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>			
Child abduction	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>			
Domestic violence	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>			
Drug or alcohol abuse	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>			
Psychological disorder	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>			
	Father	Mother	Proposed guardian(s)	Someone associated with father	Someone associated with mother	Someone associated with guardian(s)
Physical abuse of child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
Sexual abuse of child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
Emotional abuse of child	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>
Other (<i>Please describe</i>)	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>	₁ <input type="checkbox"/>

11. Which of the following were child issues in this case: (Please check all that apply)

- ☐ Behavior problems
- ☐ Emotional adjustment
- ☐ Age appropriateness of parenting plan
- ☐ Child's developmental progress
- ☐ Medical needs
- ☐ School choice
- ☐ Child safety
- ☐ School problems
- ☐ Trouble with the law
- ☐ Other (Please describe)

12. Has Child Protective Services (CPS) investigated a report about these children?

- ☐ Yes
- ☐ No
- ☐ Don't know



A. Who is (was) being investigated?

- ☐ Mother
- ☐ Father
- ☐ Guardian
- ☐ Other (Specify)

B. What was the outcome of the investigation?

- ☐ Unsubstantiated
- ☐ Substantiated
- ☐ Not yet completed
- ☐ Don't know

13. Which of the following have you done in completing this investigation?

(Check all that apply.)

In-office Interviews

- ☐ Guardian(s)
- ☐ Mother
- ☐ Father
- ☐ Child(ren) at issue
- ☐ Siblings
- ☐ Other relatives
- ☐ Attorneys
- ☐ Someone else (Please list)

Home visits

- ☐ To mother
- ☐ To father
- ☐ To guardian

Seen on home visits

- ☐ Guardian(s)
- ☐ Mother
- ☐ Child(ren) at issue
- ☐ Other relatives
- ☐ Father
- ☐ Siblings

Records/files Checks

- ☐ Criminal records
- ☐ Police records
- ☐ DMV records
- ☐ CPS
- ☐ School records
- ☐ Other records (What?)

Collateral contacts

- ☐ School
- ☐ Physicians
- ☐ Therapist / counselor
- ☐ Others (Who?)
- ☐ Case consultation/conference with supervisor or colleagues
- ☐ Other (What?)

14. What is your recommendation?

- ☐ Guardianship granted/continued
☐ Guardianship terminated
☐ Other (*Please describe*)

15. Special visitation provisions agreed upon or recommended. (*Please check all that apply*)

	Which Parent?	
	Mother	Father
<input type="checkbox"/> No visitation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervised visitation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No substance (including tobacco) use during visitation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nonremoval of child from state	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Restrictions on driving with children	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No contact with specific third party	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

16. Other provisions agreed upon or recommended. (*Please check all that apply*)

	Mother	Father	Guardian(s)
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent education class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Drug/alcohol testing/treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Domestic violence treatment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other counseling for parents/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attorney for child			
<input type="checkbox"/> Child advocate or CASA			
<input type="checkbox"/> Special master			
<input type="checkbox"/> Other (<i>Please specify</i>)			

17. What kind of report have you prepared?

- ☐ Verbal
☐ Written

18. How many hours altogether have you worked on this investigation? _____